



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Telehealth Expansion: Acute and Primary Services

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Provider Stakeholder Engagement
Input Session

Agenda

- Overview of telehealth expansion
- General policy information
- Wave 1 priority acute and primary service areas:
 - Proposed services included from telehealth
 - Proposed services excluded from telehealth
- Input from attendees
- Questions from attendees

Questions During This Input Session

- There will be time for questions at the end of the session.
- During this meeting, send your questions and comments via the Zoom chat.

Questions After This Input Session

After this input session, send your questions and comments to dhstelehealth@dhs.wisconsin.gov:

- Use “Telehealth Provider Presentation” in the subject line.
- Include the presentation date within your email if possible.

Overview of Telehealth Expansion

Expanded Telehealth Policy Vision

The Division of Medicaid Services (DMS) is broadening the definition of what is considered telehealth to include:

- Interactive services
- Asynchronous services
- Remote patient monitoring
- Provider-to-provider consults
- Medicare parity

Telehealth Definition

- A practice of health care delivery, diagnosis, consultation, treatment, or transfer of medically relevant data by means of audio, video, or data communications that are used either during a patient visit or consultation or are used to transfer medically relevant data about a patient.
- DMS may consider reimbursement for audio-only phone, fax, or email.

Interactive Services Definition

Telehealth that is delivered using multimedia communication technology that permits two-way, real-time, interactive communications between a provider at a distant site and the Medicaid member or the member's provider.

Interactive Services (Cont.)

- Current Policy: DMS reimburses for select interactive telehealth services.
- New Policy: DMS will reimburse for additional functionally equivalent interactive telehealth services.

Asynchronous Services

An asynchronous service is a mode of interaction used between two or more parties in which the exchange of information does not require simultaneous interactive participation.

Asynchronous Services (Cont.)

- Current Policy: DMS reimburses specific services delivered via asynchronous/store-and-forward technology.
- New Policy: DMS will reimburse for additional asynchronous services delivered via asynchronous/store-and-forward technology.

Remote Patient Monitoring

Technology that is used to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment and recommendations.

Remote Patient Monitoring (Cont.)

- Current Policy: DMS reimburses for the majority of remote patient monitoring services.
- New Policy: DMS will reimburse for additional remote patient monitoring services, such as remote physiologic monitoring.

Provider-to-Provider Consult

This is when a patient's treating provider requests the opinion and/or treatment advice of a consultant with specific specialty expertise to assist the treating provider **without the need for the patient's face-to-face contact with the consultant.**

Provider-to-Provider Consults (Cont.)

- Current Policy: DMS does not reimburse for consultations between providers regarding a member.
- New Policy: DMS will reimburse for consultations between qualified health professionals (for example, physicians, physician assistants, nurse practitioners) regarding a member.

Medicare Parity

Services already covered under Medicare will be covered under Medicaid when possible.

Medicare Parity (Cont.)

- Current Policy: DMS reimburses for select Medicare services delivered via telehealth.
- New Policy: DMS will reimburse for telehealth services covered under Medicare when possible.

Transitioning to New Policy



The following priority service areas have been identified based on need and opportunity:

- School-based services
- Provider-to-provider consults
- Medication therapy management
- Medicare parity
- Targeted case management
- Dentistry
- Therapies (Occupational therapy, physical therapy, speech therapy)
- Behavioral health (Mental health, substance abuse, behavioral treatment)
- Remote patient monitoring

Note: Home and community-based waiver services are not addressed in this presentation, but are a priority service area.

Face-to-Face Equivalence

In order to determine which interactive services should be covered via telehealth, DMS developed a working definition of face-to-face equivalence.

Face-to-Face Equivalence (Cont.)

DMS then reached out to internal and external stakeholders and subject matter experts to help determine which services meet the definition of functional equivalence to determine the list of covered and noncovered services.

Proposed Definition for Face-to-Face Equivalence

Face-to-face equivalence for interactive telehealth services exists when a service is delivered from outside the physical presence of a Medicaid participant by using audio, video, or telecommunication technology, but only if there is no reduction in quality, safety, or effectiveness. Documentation must support the service rendered.

School-Based Services

School-Based Services

Wisconsin Medicaid plans to cover via telehealth:

- Audiology and speech therapy
- Counseling, social work, and psychological services
- Nursing services
- Occupational therapy
- Physical therapy

School-Based Services (Cont.)

Wisconsin Medicaid does not plan to cover via telehealth:

- Attendant care
- Orientation and mobility program for members who are blind or visually impaired
- Transportation

Provider-to-Provider Consults

Provider-to-Provider Consults

Wisconsin Medicaid plans to cover via telehealth:

- Provider-to-provider consults with verbal and written feedback from the consulting provider
- Provider-to-provider consults with a written report only from the consulting provider
- Provider-to-provider consults requesting/treating provider preparation time

Medication Therapy Management

Medication Therapy Management

Wisconsin Medicaid plans to cover all currently covered medication therapy management codes via telehealth.

Medicare Parity

Medicare Parity

Wisconsin Medicaid plans to cover via telehealth:

- Evaluation and management advanced care planning
- End-stage renal disease management
- Counseling and wellness screening
- Prolonged services

Medicare Parity (Cont.)

Wisconsin Medicaid does not plan to cover via telehealth:

- Children with medical complexities comprehensive assessment and care planning (Due to the complexities of the health care needs, this requires an in-person assessment.)
- Medical nutrition therapy (This is not an allowable Medicaid provider type.)

Targeted Case Management

Targeted Case Management

Wisconsin Medicaid plans to cover via telehealth:

- Child care coordination
- Children with complex medical needs
- Comprehensive care benefit for members diagnosed with HIV infection or AIDS
- HealthCheck outreach and case management
- Prenatal care coordination
- Targeted case management

Dentistry

Dentistry

Wisconsin Medicaid plans to cover via telehealth:

- Periodic oral evaluation—established patient
- Limited oral evaluation—problem focused
- Re-evaluation—limited
- Assessment of a patient

Dentistry (Cont.)

Wisconsin Medicaid does not plan to cover via telehealth:

- Comprehensive oral evaluation
- Extensive oral evaluation—problem focused

Therapies (Physical, Occupational, Speech and Language Pathology)

Therapies

Wisconsin Medicaid plans to cover currently covered physical therapy, occupational therapy, and speech and language pathology codes via telehealth.

Therapies (Cont.)

Wisconsin Medicaid does not plan to cover via telehealth:

- Aquatic therapy
- Manual therapy techniques
- Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact

Behavioral Health

Behavioral Health

Wisconsin Medicaid plans to cover via telehealth:

- Adult mental health day treatment
- Behavioral treatment
- Child/adolescent day treatment
- Community support program
- Community recovery services
- Comprehensive community services

Behavioral Health (Cont.)

- Crisis intervention
- Intensive in-home mental health and substance abuse for children
- Outpatient substance abuse
- Substance abuse day treatment
- Outpatient mental health (Medicare codes)

Behavioral Health (Cont.)

Wisconsin Medicaid does not plan to cover via telehealth:

- Hypnotherapy
- Unlisted services

Remote Patient Monitoring

Remote Patient Monitoring

Wisconsin Medicaid plans to cover via telehealth:

- Remote monitoring of physiologic data
- Remote physiologic monitoring (for example, blood pressure monitoring)
- Physiologic data collected by the patient/caregiver and transmitted to the qualified health professional (for example, physician, physician's assistant, nurse practitioner)

Input From Attendees

DHS Would Like to Know

Question 1

Do you have any comments or concerns on Medicaid's proposed definition of "face-to-face equivalence"?

DHS Would Like to Know

“Face-to-face equivalence for interactive telehealth services exists when a service is delivered from outside the physical presence of a Medicaid participant by using audio, video, or telecommunication technology, but only if there is no reduction in quality, safety, or effectiveness. Documentation must support the service rendered.”

DHS Would Like to Know (Cont.)

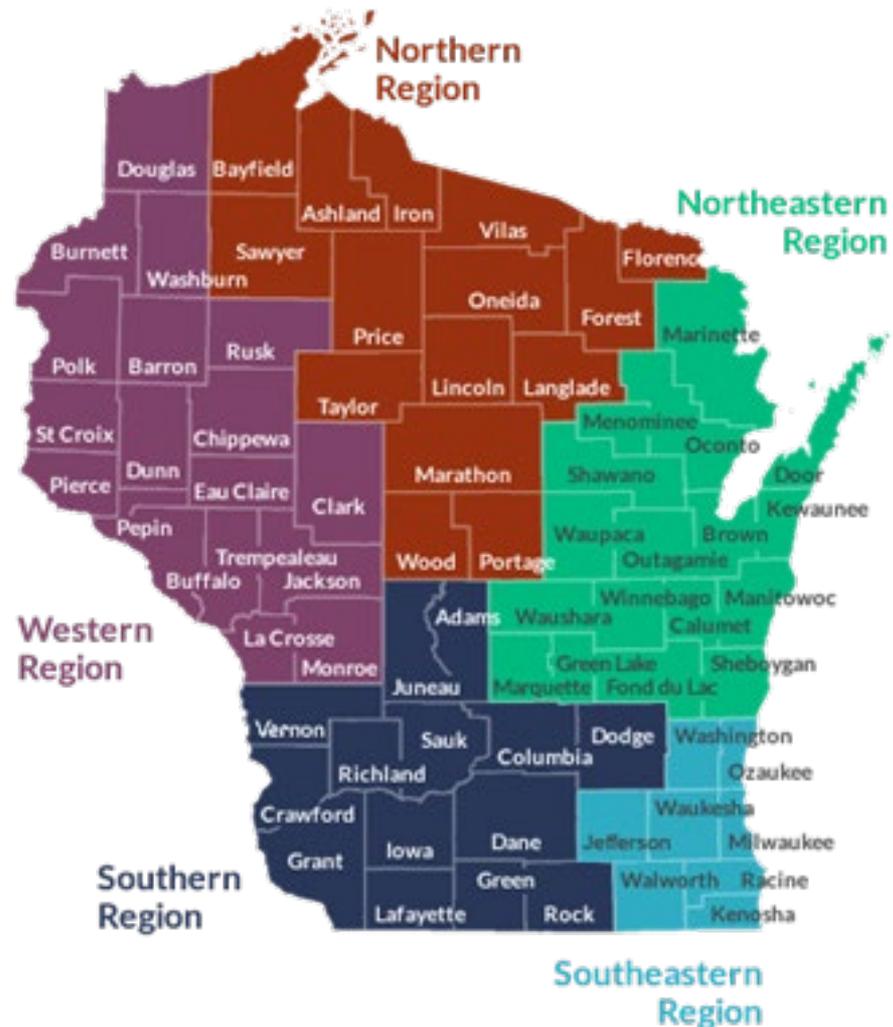
Question 2

What additional service areas should Wisconsin Medicaid consider for coverage in the next wave of telehealth implementation?

The Wisconsin Department of Health Services' Poll Questions

1. In what region of the state are you located?

- a. Northern
- b. Northeastern
- c. Southern
- d. Southeastern
- e. Western



2. Which benefit area(s) do you represent?

- a. Acute/primary care
- b. Adult long-term care
- c. Case management
- d. Children's long-term support services
- e. Dental
- f. Home health services
- g. HMO/managed care organization

2. Which benefit area(s) do you represent? (Cont.)

- h. Therapies (physical, occupational, speech and language pathology)
- i. Behavioral health
- j. Other

3. What percent of the time are you providing services via telehealth (during the COVID-19 pandemic)?
 - a. None
 - b. Less than 10 percent (few)
 - c. 10–25 percent (some)
 - d. 25–50 percent (many)
 - e. 50–75 percent (most/majority)
 - f. Over 75 percent (almost all)

4. For services you are currently providing via telehealth, do you plan to continue providing them via telehealth for Medicaid members after the COVID-19 pandemic?
 - a. Yes, for the majority of services
 - b. Only for certain services
 - c. No
 - d. Unsure

5. If you do not plan to continue providing services via telehealth for Medicaid members after the COVID-19 pandemic, why not?
 - a. The services are only appropriate via telehealth during the public health emergency, but should not be considered for permanent coverage.
 - b. Offering telehealth for Medicaid members would create disparity for members who are covered under commercial insurance.

5. If you do not plan to continue providing services via telehealth for Medicaid members after the COVID-19 pandemic, why not? (Cont.)
 - c. Purchasing the technology required to offer services via telehealth is too expensive.
 - d. Our providers prefer in-person services, regardless of whether or not telehealth is a reimbursable option.
 - e. Other

6. Are you currently using Health Insurance Portability and Accountability Act of 1996-compliant technology to provide telehealth services?

- a. Yes
- b. For certain services
- c. No
- d. Unsure

7. What percent of members that have requested services via telehealth had issues with or were not able to receive telehealth services due to technology-related issues?
 - a. None
 - b. Less than 10 percent (few)
 - c. 10–25 percent (some)
 - d. 25–50 percent (many)
 - e. 50–75 percent (most/majority)
 - f. Over 75 percent (almost all)

8. What access issues have members experienced related to technology and access to telehealth services?
 - a. Unreliable internet (bandwidth)
 - b. Limited data, minutes, or texting
 - c. Lack of equipment or devices
 - d. No internet access
 - e. Lack of knowledge in using technology
 - f. Other

9. What role should Wisconsin Medicaid have in determining best practices for telehealth?
 - a. Wisconsin Medicaid should develop best practice guidelines.
 - b. Wisconsin Medicaid should advise external stakeholders on the development best practice guidelines.
 - c. Wisconsin Medicaid should not be involved in the development of best practice guidelines.

9. What role should Medicaid have in determining best practices for telehealth? (Cont.)
 - d. Wisconsin Medicaid should encourage the use of best practice guidelines developed and/or endorsed by professional associations or other authoritative bodies.
 - e. Other

10. How should Wisconsin Medicaid ensure providers are following best practices for telehealth?
 - a. Include specific requirements as part of Medicaid policy.
 - b. Do not include specific best practice requirements in policy, but offer examples of what practices would be acceptable.
 - c. Defer to providers to determine how best to implement best practices for telehealth.
 - d. Other

Questions From Attendees

What questions do you have?

- During this input session, send your questions and comments via chat.
- After this input session, send your questions and comments to dhstelehealth@dhs.wisconsin.gov:
 - Use “Telehealth Provider Presentation” in the subject line.
 - Include this presentation date within your email if possible.

Resources

- Submit additional questions and concerns by email to dhstelehealth@dhs.wisconsin.gov.
- Reference the DHS webpage at www.dhs.wisconsin.gov/telehealth/index.htm.
- Join our email list to get the latest information at www.dhs.wisconsin.gov/aboutdhs/alerts.htm.

Thank you for your input.

Your input will help us with:

- Determining policy.
- Establishing best practices.
- Creating technical assistance.
- Sharing FAQs and resources.